

Issue Classification 	Application No.		Applicant(s)	
	09/884,948		YOKOYAMA ET AL.	
	Examiner		Art Unit	
	Gabriele E. BUGAISKY		1653	

ORIGINAL		CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
435	193								
INTERNATIONAL CLASSIFICATION									
A 61	K	7100							
A 61	K	38145							
		/							
		/							
		/							
(Assistant Examiner) (Date)		<i>Gabriele E. Bugaisky</i> 4/11/04		GABRIELE BUGAISKY PRIMARY EXAMINER		Total Claims Allowed:			
(Legal Instruments Examiner) (Date)				(Primary Examiner) (Date)		12			
						O.G. Print Claim(s)	O.G. Print Fig.		
						1			

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		301	
212		242		272		302	
213		243		273		303	
214		244		274		304	
215		245		275		305	
216		246		276		306	
217		247		277		307	
218		248		278		308	
219		249		279		309	
220		250		280		310	
221		251		281		311	
222		252		282		312	
223		253		283		313	
224		254		284		314	
225		255		285		315	
226		256		286		316	
227		257		287		317	
228		258		288		318	
229		259		289		319	
230		260		290		320	
231		261		291		321	
232		262		292		322	
233		263		293		323	
234		264		294		324	
235		265		295		325	
236		266		296		326	
237		267		297		327	
238		268		298		328	
239		269		299		329	
240		270		300		330	

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	09/884,948	YOKOYAMA ET AL.
	Examiner Gabriele E. BUGAISKY	Art Unit 1653

ORIGINAL				CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)								
435	193	435	183								
INTERNATIONAL CLASSIFICATION		424	401	63	69	75	78-03	94-5			
C 1	2 N 9 1 10	426	36	34	42	573	582	583			656
A 2	3 C 19 1 032										
A 2	3 C 9 1 137										
A 2	3 L 1 1 06										
A 2	3 K 1 1 054										
 				Gabriele E. Bugaisky 4/1/04							
(Assistant Examiner) (Date)		GABRIELE BUGAISKY		PRIMARY EXAMINER							
(Legal Instruments Examiner) (Date)		(Primary Examiner)		(Date)							

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	8	31	61	91	121	151
2	2	9	32	62	92	122	152
3		10	33	63	93	123	153
4		11	34	64	94	124	154
5		12	35	65	95	125	155
6		36		66	96	126	156
7		37		67	97	127	157
8		38		68	98	128	158
9		39		69	99	129	159
10		40		70	100	130	160
11		41		71	101	131	161
12		42		72	102	132	162
13		43		73	103	133	163
14		44		74	104	134	164
15		45		75	105	135	165
16		46		76	106	136	166
17		47		77	107	137	167
18		48		78	108	138	168
19		49		79	109	139	169
20		50		80	110	140	170
21		51		81	111	141	171
22		52		82	112	142	172
23		53		83	113	143	173
24		54		84	114	144	174
25		55		85	115	145	175
3	26	56		86	116	146	176
4	27	57		87	117	147	177
5	28	58		88	118	148	178
6	29	59		89	119	149	179
7	30	60		90	120	150	180